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ABSTRACT

This paper presents the Realizing Opportunities for Self Exploration (ROSE) program for noninstitutionalized older adults and older adults in nursing home settings. The ROSE program is described in detail, including: (1) use of creative excercise and body movements; (2) stress reduction practices such as meditation; (3) self-awareness, social skill, and interest-building techniques; and (4) the subsequent benefits in physical health and psychological adjustment. An evaluation of the program is provided, focusing on the progress of long-term participants in the program. Problems specific to the nursing home setting are also cited, such as staff attitudes, the availability of meeting rooms, patient participation, conflicting activities, and administrative support. (RC)

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ROSE: A Staff Development Program for the Elderly

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ROSES ALSO HAVE THORNS: BENEFITS AND PROBLEMS IN A SELF DEVELOPMENT PROGRAM FOR THE ELDERLY

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The ROSE (Realizing Opportunities for Self Exploration) program involves use of creative exercise and body movement, stress reduction practices such as various kinds of deep breathing and relaxation exercises, meditation, self-awareness and social skill and interest building techniques. The specific techniques are utilized in small group settings and are tailored to fit the individual needs of each group. Individual consultation is offered to participants if needed.

The program has been offered in both institutional (nursing home) and non-institutional (community-at-large) groups. There has been in-depth training programs offered to train individuals to become leaders of such groups. This particular report focuses on the program in the institutional setting.

Residents of long-term care settings offer an extreme challenge. In addition to being affected by the same forces as the non-institutionalized, those living in more restrictive environments are subjected to special pressures that tend to cause increased isolation. The pressures of living in group situations, usually at the mercy of the "schedule," and being so dependent upon others for even the basic necessities of life causes the individual to lose his feelings of individuality and to build defensive walls

or barriers around himself. The ROSE program is designed to assist the resident to again focus on himself as a worthwhile individual, to gain self-respect and to recognize that he has the power of self-control. Having regained this positive self-image, the residents no longer find the need to erect barriers to protect themselves from the extreme control and manipulation by others.

The Program

In the institutional setting the ROSE groups meet for one and one-half hours per week. Each program is divided, but not necessarily equally, into approximately the following three broad areas.

a. Physical exercise: to address the problem of stiffness and energy release, the format will provide for exercise focusing on vitalizing; to reduce the effects of muscle stress, exercises focus on relaxation.

b. Interpersonal: to enchance one's ability to communicate and share with others; to get in touch with feelings and learn constructive ways of expressing them.

c. Information sharing: to provide for a forum of idea sharing; get needed information about services, etc.; stimulate interest in new areas.

The primary focus of the sessions are on:

a. Group building:

   1. introductions
   2. communication skill building
   3. dealing with our feelings about one another

b. Deep relaxation:

   1. roll-breathing-getting in touch with body and feelings
   2. Jacobson progressive relaxation: muscle relaxation
   3. bio-feedback: control of stress reduction

c. Physical vitalization:

1. low mobility exercises: to reduce stiffness and aching
2. yoga: limber muscles, stretch the spine
3. creative movement and dance: energize

These techniques are especially adapted for use with institutionalized people. For instance, physical mobility is quite restricted for many residents due to both personal and environmental limitations. The relaxation and deep breathing exercises included in the program can be practical in this limited environment with few restrictions. Experience has shown that the increased amount of oxygen which results from these techniques has a strong input on both the physical and mental life of the participant. The emotional relaxation and good feeling (similar to that experienced by joggers) leads to a more positive attitude toward communication and other social interactions as well as a reduced need for tranquilizing drugs (and the avoidance of undersirable side effects). The individual resident not only learns how to perform the various techniques, but how to find the appropriate time to use them to control anxiety and depression. In other words, how to take control of one's self.

The basic objectives of the program are:

a. To change participant attitudes about themselves that relate to the stereotype of the aging process.
   1. To increase their understanding of the factual information about the aging process.
   2. To help participants discover that they are capable of new learning.
   3. To accept changes in attitudes leading to understanding that the participant can do something about the physical/emotional changes they have experienced.

b. To assist the participant in learning that they have skills they can use in dealing with such problems as:
   1. How to handle stress
   2. The reduction of muscular tension
   3. The alleviation of insomnia
   4. The reduction of frequency and/or intensity of depression.

c. To increase the participants' confidence in their physical abilities and to include more physical activity in their daily life.

d, To assist the participant in viewing this part of his life as a time of growth and development.

e. To provide an opportunity for the participants to "belong" to a group and to increase their level of group interaction.

The program has been implemented at four long-term care centers. This report focuses on the two long-term care centers that have been participating in the program the longest time (one year).

In initiating the program at each facility, staff met administrative and nursing staff to make sure that the program goals were understood and that the proper staff contact would be involved in the program. It was important to establish that this was not intended as an external volunteer "activity," but to provide consultation and support to the facility staff to develop the program within the facility and receive the necessary training to be able to continue the program after the initial six months. Both facilities agreed to this and had actively sought having the program started in their facilities.

Recruitment of participants for the program was done by the ROSE staff with consultation from nursing and recreation staff. The initial contact with

residents, explaining the program goals, proved most difficult. The ideas seemed too complicated and grandiose. To lessen the chances for confusion we decided to have an introductory session where invited residents could experience the program for themselves and decide whether or not to return. This proved to be a successful manuever.

The majority of residents that attended an introduction continued with the program. The program itself needed to be modified more thatn ROSE staff had anticipated as the physical and mental capabilities of the residents were much more restrictive than had been expected. For some, in order to survive in an institutional setting the coping skills developed over the years had led to their withdrawing into themselves and resisting any involvement or identity with fellow patients.

Overall, residents did evidence improvement in physical mobility, memory, and group interaction. Staff reported an improvement in their participation in activities in general and their communication with other residents and staff outside the ROSE group.

Problem Issues

In one of the facilities the nursing staff had been selected by the administrative staff as key implementors. This proved ineffective as the program was never considered by the nursing department important enough to focus on over their "nursing duties", i.e., the LPN's assigned to the program consistently had to do "more important" nursing duties and could not leave their floors to get to the program on time or to the training sessions, although they personally expressed excitement about program ideas.

In this same facility, ROSE staff had trouble getting into the assigned meeting room. At times, there was no assistance in getting patients to the program. However, ROSE staff had "no authority" to remove patients from their rooms for

the activities. Often residents were scheduled by the facility staff for conflicting activities without consulting or informing the ROSE staff of the changes, thus causing hard feelings and loss of time. There had been much supportive talk from the administrator and director of nursing to get the program implemented, yet once the program started there was very little back-up support. Due to this lack of support the ROSE staff felt that the program was not going to be able to continue when they left. After much discussion with administrative staff, it was decided to shift the program out of the nursing department, into the activity department. Two persons from recreation were then selected to work with the program and train to be ROSE group leaders. The major problems encountered with this staff involved their focus on activities as entertainment and not understanding how to use entertaining activities to be therapeutic to the individual. Also the idea of the resident having some input to their care was not acceptable to them. The resident was looked upon as not being "smart enough" to know what's best. The staff also had already formulated concepts as to what the residents abilities to function were and had a great deal of difficulty believing the resident could actually change. It made staff work easier to have everybody figured out and they were not receptive to any changes in the scheme.

After considerable time and training these two staff persons became more open to the program, especially as they saw individuals change in spite of their opinions. By the end of the ROSE program commitment they had decided this was a useful program to continue and expand and particularly saw the value of the residents learning to build a supportive group among themselves.

In the other long term care facility there was a great deal more staff support of the program. Two persons were trained to be ROSE group leaders-both from the recreation department. Both staff exhibited enthusiasm for the

program but clearly saw that the program's focus was much more on giving responsibility to the resident and less on "taking care of them." They liked the idea but had some difficulty implementing it. It took them time to realize that their need to give was getting in the way of the residents' need to feel useful and in control. This staff too had stereotyped their residents' capabilities, but because they had accepted the ROSE staff in the role of "expert" they were willing to see if the resident could change. They were quick to note even small changes and were increasingly supportive of the program. In both institutions, the residents themselves contributed to the problem by trying to play helpless. "I'm too old" or "I can't remember" was often heard. Generally if staff did not support this negative self-concept then the resident would drop the act and then attempt to become involved.

Of all the activities, the all-group type involvements and intergroup communication was resisted more than anything else, including physical activities. Yet, it was apparent that it was not this "forced" interaction that had the most lasting effects. Friendships were formed that carried over outside the program.

One major problem for group continuity was regular attendance - having the same people attend the same group week after week. The problem seems deeply rooted in what may be called "the conveyer belt attitude." Briefly, this means that the elderly nursing home resident is so used to having things planned for them - and that programs and activities come and go rather rapidly - that it is not necessary to develop a personal investment in any one program. Thus, any old excuse is enough to trigger a change in plans to attend a group session. There is a general feeling that "so I missed one - so what?" There will be something else along to fill the time if I just wait.

It was originally thought that the program should not be undertaken as an "activity" program since it could be considered "fun and games" and "unimportant" rather than therapeutic. This statement remains essentially true. However, it seems that the key entry point to most nursing home settings is through the Activity staff. It is most important that they receive proper training so that they can pay attention to and understand the therapeutic possibilities.

The techniques should be used to build group interaction and the personal development of their residents. The ROSE program is one of total involvement with the whole person and should involve, eventually, the total staff. For a variety of reasons, it is essential that nursing become involved: a) Nursing can help residents identify appropriate times to apply specific techniques (for example, to practice deep breathing as an alternative to a tranquilizer), b) Nurses need to be aware of residents' desires (example, to not force the taking of drugs when the patient is attempting to solve the problem with other techniques), c) Nursing must be able to see the value in cooperating with the program, must be able to trust it, to be able to join with the residents as a team. As our experience shows, this is not an easy thing to accomplish.

CHANGES PERCEIVED BY OLDER PARTICIPANTS AND THEIR FAMILIES RESULTING FROM A SELF DEVELOPMENT PROGRAM

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It comes as no surprise anymore to point out that America today is a youth-oriented society. Without going into all that that statement implies, we can point out a few of the implications for one group who is adversely affected by this circumstance--the elderly. In a society where youth is valued, age is devalued. That portion of society that is now no longer young are the same people who placed great value on youth only a few years ago. As such, they "know" that the old are useless and worthless. These feelings are constantly reinforced by almost everything they see and hear: they "buy into" this depreciation of self-worth. These negative images of aged tend to lead the older person into a life of withdrawal and isolation--they disengage.

There are, of course physical changes that are correlated with advanced age. However, many of the declines in physical functioning that are frequently associated with age are not necessarily inevitable. The simple illustration of a man who rode his bicycle to work as a roofer on a housing project can serve to make this point. The man was 92 years old. Exceptional, of course, but it does prove that physical decline isn't inevitable. The problem with having an expectation of the inevitable decline of functioning with age is that the older person will tend not to take preventative or curative measures if symptoms start to appear. "It's to be expected when you get to be my age" or "It's normal for us old people" are frequently heard

comments when older persons are asked why they don't do something about a particular set of symptoms. In other words, the older person's attitudes about self and aging in general tend to limit necessary activity. Expectations become self-fulfilling prophesies and the person unnecessarily degenerates.

It is also not new to point out that society today is changing rapidly. Technology, values, prices change so rapidly that all age groups have problems adjusting to it. The elderly, particularly the retired, are especially vulnerable to problems of adjustment to change. Coupled with this are problems of adjusting to loss--loss of friends and relatives through death and migration, loss of work roles, etc. There are, of course, many physical and social losses that occur in old age which may lead to some degree of depression. It has been suggested that depression in old age differs from young adult depression--that it results from a loss of self-esteem directly related to aging rather than from a turning inward of hostility. (Kimmel, Douglas, Adulthood and Aging, John Wiley & Sons Pub., New York, 1974, pp. 326-327.)

Additionally, there is a need to belong, to re-establish group connections to replace those lost. Many elderly persons lack the opportunity to feel a part of the community, to participate in sharing and communicating, to just be touched.

The data reported here is one part of a larger study involving programs offered in institutional and non-institutional settings. This data is based upon that part of the project involving older persons living in the community at large.

The R.O.S.E. Program

In recent years there has been an increasing awareness of the ability of older people to be revitalized by techniques and methods not usually applied to this age group. One of the most successful programs combining innovative approaches to treatment of the elderly is SAGE (Senior Actualization and Growth Exploration), in operation for several years on the West Coast. Such programs take a holistic approach, offering disciplines of mind and body in such a way that the spirit is engaged and the whole person is treated.

Especially adapted for Kansas City, a SAGE-type program, ROSE (Realizing Opportunities for Self Exploration), is the first program of this kind serving in the Midwest. Designed by Share Bane, ROSE made use of Ms. Bane's SAGE training in addition to her background in psychology and adult education as specifically applied to an aging population. The program also made use of the expertise of other professionals in the areas of physical fitness, creative therapies and other pertinent specialities. The program involved the use of creative exercise and body movement, stress reduction practices such as various kinds of deep breathing and relaxation exercises, meditation, self awareness and social skill and interest building techniques. The specific techniques were utilized in small group settings and were tailored to fit the individual needs of each group. Individual consultation was offered to participants as needed.

A number of benefits were expected from this ROSE program, some social, some physical and some psychological. To list just a few:

Improved stress management - the ability to "roll with the punches" in day-to-day living. To be able to handle crises more effectively.

Improved sense of balance - improved ability to walk normally without shuffling or other limiting adaptive behavior.

Improved blood pressure - assisting in the reduction of high blood pressure without the use of drugs.

Improved sleep - being better able to fall asleep without use of drugs.

Improved capacity to make friends - relearning those social skills that have been unused.

Improved memory - improved ability to recall recent events.

Improved self-image - greater awareness of assets and abilities. Improved outlook on personal appearances. Seeing aging as a period of growth rather than one of decline.

Fewer feelings of depression - unlike younger persons, depression in old age is usually related to feelings of loss. The program helps older persons deal with loss and increases their realization that they have more potential than they are currently using.

Assisting in the program functioning will be a community advisory board consisting of representatives of major aging, mental health, physical health and educational agencies.

The full ROSE project included: 1) direct service groups serving non-institutionalized elderly, some living in the community without benefit of other organized services and others who were receiving services from a community mental health center; 2) Direct service groups operating in two nursing home settings - one residential care and one intermediate care facility; and 3) a training component designed to provide classroom and apprentice training for potential group leaders. Trainees were recruited from the cooperating nursing institutions, senior center staff and some older persons.

This study will focus upon the group of independently living participants who were not receiving other formal community services. This was also the most experienced group, having been in the ROSE program for two years.

The Sample

The group of older persons in the study sample represent the small (10) but close-knit group of ladies who have been involved in the ROSE project since its inception some two years ago. The group started with 17 members; four left the program because they moved out of the area, 1 person died, one left due to a family crisis and one left to become involved in other similar activities elsewhere due to a time conflict. The remaining 10 have remained active in the weekly meetings except for vacations and sickness.

The age of the persons, all female, ranges from 58 to 76, with the median age being 68 years. Educationally, the group is above average ie, all have graduated from high school and three have had some college (none graduated from college). Occupationally the group is also somewhat atypical in that only one person had not worked outside the home. Three had had full time careers and the rest had had either shorter careers or had worked part time.

Half of the group were currently married, the rest were widowed with the exception of one single lady. The married women were, of course, living with their spouses, one of the widows lived with family members and the rest lived alone. All either lived in their own house or a separate apartment. None lived in special senior citizen housing. Since none of the group were newly widowed and none were new to living alone (those who lived by themselves had been doing so for years 5 to 19 years in fact) none were going through the type of adjustment process usually associated with these tramatic events.

Economically, the group under represents the lower income situation of many older persons. Almost all the participants indicated that they were economically comfortable or at least moderately so. Only one participant (the oldest) said that she must live frugally. With the exception of the one, the group felt that, economically, they could do most things they wanted to with only minor restrictions. Actual incomes were equally divided into the following income ranges: $5,000 to $10,000, $10,001 to $15,000; and over $15,000. Since most of the spouses of the participants are, or were, employed in managerial or professional positions, it can be assumed that income has not been a major problem for these people in middle and older age.

All participants were from the greater Kansas City area. Some live in suburban communities and the rest reside in the central city.

Since many of the ROSE program objectives were to change the behavior of the group participants it seemed logical to include in this study observations of those who were in a better position to judge real changes in behavior - the families of the participants. Consequently, interviews were secured from close family members, if they had been in a position to observe the group participant. Three participants had no eligible family to interview. In most cases, persons interviewed were spouses and or children.

The actual interview was an open ended interview using a short interview guide. The telephone interview was considered an adequate substitute for a face-to-face interview because 1) the interviewer was well known to the participants and 2) the interviewer had attended one of the group sessions and asked permission from them to conduct the interview. Appointments were then made. Permission to interview family members was also asked of each participant.

Respondent answers were recorded on tape and then were transcribed and edited. The findings are based upon these transcriptions.

The Findings

First of all, it must be recognized that reports of overall satisfaction with the program are virtually assured. Most of the participants had been in the program for two years, the rest for at least one year. One does not invest this much time and energy in a volunteer program unless it is fulfilling some type of need. On the other hand, the family members have no such investment and are thus free to report their observations more objectively. As it turns out, the assessments of participants and their family members are remarkably similar. Differences are reported, but rarely over major points of view.

For the most part this analysis will not include general statements of satisfaction with the program as reported by participants. Let it suffice to say that satisfaction was universally reported - often in very glowing terms. The only satisfaction report included will be to illustrate success in achieving specific goal statements developed at the beginning of the project.

One further observation needs to be made. From the interviewers it is clear that the amount and type of spousal communication varies as much in the sample as you would expect generally. It was evident that some participants were quite free and open in discussing their ideas and feelings whereas others were quite the opposite. The richness of the data, therefor, varies considerably. However, even in those households - or family relationships - where open communication was rare the family member was able to provide answers that were very close to those given by the participant.

The following analysis will be organized around the list of expected benefits

from the program as listed on page 3 and 4 of this paper. Obviously, not all members of the group reported progress or awareness of progress in all eight catagories. Also, the benefits do not often exist in isolation. Growth in one area effects and possibly builds on or leads to growth in other areas. Just as the program focuses on the "Whole Person" the benefits form a gestalt effect based on this interaction.

Stress Management

Stress, of course, derives from many sources - from driving a car in heavy traffic or on bad roads, from personal loss, from changing stages in life, etc. In response to questions about personal changes in actions and attitudes, several respondents specifically mentioned stress reduction and management. In one case the source of stress preceeded entrance into the ROSE program. This participant had become depressed and withdrawn in responce to the loss of identification and role associated with the departure of the last child from the home. As her husband reported, "The change was very dramatic, the ROSE program helped her greatly in accepting the situation and adjusting to it. It lifted her right out of her depression. It was very noticable."

In another instance, a very tramatic event occured to a participants grandchild. As she herself said, "I have learned how to handle stress better. I'm much farther along in my adjustment due to the techniques and attitudes developed in the group." Her son also commented on the benefits of the ROSE program in dealing with his daughter's problem. (The little girl had become severely brain damaged as a result of a near drowning in a swimming pool. This event impacted quite a few of the participants since they found a "patterning" team to assist in the girls rehabilitation.)

Most instances of stress reduction and management are not so dramatic. Driving an auto is stressful for everyone, driving with cataracts or other vision problems even more so. Just the activities of daily living produce many

stresses. Most of the participants mentioned the use of exercises in the program to help them adjust to these tensions. "Relaxation helps the body and refreshes the mind," "I use the exercises several times a day - when ever I need them." "Couldn't get through the day without the stress reduction exercises" were just a few of the remarks. No one knows better than the one feeling the stress whether or not they feel relief. However, family members can tell the difference. "Mom seems more relaxed and free to participate (in family gatherings)." "Things don't seem to upset her as much now," "She's more interesting and fun to take with me to lunch and shopping now." All small things the things that add richness to family life.

Improved Sense of Balance

Since I did not ask a directed question focusing on this topic, evidence of improvement will have to be gleaned from general comments. Included with a sense of balance is a more general physical sense of well being and muscular conditioning. Almost every participant and family made some type of comment about improved physical conditioning and its effects. In fact, this is probably the most frequent benefit (along with things like "more pep") mentioned by family members. One participant with a dual problem of excess weight and a poor recovery from a broken leg reported, "I'm more agile now, I can move around and get up and down better. My leg works much better now. Also, I'm a better driver, its easier for me to look over my shoulder when I back my car." Another lady exclaimed, " I have to do my exercises every morning, my hands would be all stiff - I wouldn't be able to move. I even do them during the day if I get to feeling stiff."

Improved Blood Pressure

High blood pressure has been shown to be quite responsive to biofeedback and stress reduction techniques. Since these techniques are a part of the ROSE

activities it would be expected that high blood pressure would be reduced. This is indeed the case. In one case the participant's doctor noticed the improvement. "My doctor had been after me to get involved. He was so pleased with my progress that he sent another of his patients to me to see if I could talk her into joining a ROSE group." The husband of this participant was quite aware that her high blood pressure seemed to be remarkedly improved after she joined the program. Still another participant said that her doctor decided she could do more strenuous exercises if she did the ROSE exercises first as a warm-up. He told her that it was a very beneficial program.

Improved Sleep.

At least one-half of the respondents reported sleeping better, awakening more rested and of experiencing fewer problems going back to sleep should they awaken at night. In fact, using the relaxing and stress reduction exercises for this purpose was one of the first direct applications of ROSE-learned skills participants made. It was also one of the first techniques taught to husbands and others. However, some participants devised their own techniques to accomplish the same results. One reported using a memory building exercise as a sleep inducer. The main point isn't that one or another technique was used, but that a solution to the problem other than sleeping pills was sought and found.

Improved Capacity to Make Friends

Many of the respondents reported "I have always liked people" or similar phases coupled with a "but." Most reported that, for one reason or another, they had become less friendly and/or had fewer and fewer friends. Not all of the participants were strangers to each other. But everyone who had a friend or relative in the program reported that their relationship with that person

was now much different - closer, warmer, more satisfying. "We enjoy each other more now." "I feel like I know my neighbor for the first time." "We are genuinely glad to see each other." Many expressed surprise that they could establish such meaningful friendships so quickly "at my age." The group solidarity and group support each received was frequently mentioned. "I could not have accomplished (it) if it hadn't been for the support of my friends in the group." The group friendships were not left in the meeting room at the end of the sessions. Members are in frequent contact by phone and in person throughout the week.

Their friendship skill building was not limited to group application - although it was the laboratory in which it developed. An expanded circle of friends and involvements was a frequently mentioed effect. "Mother no longer sits at home alone. She is on the go all the time." Or, "She is never at home. She has so many interests and a much wider circle of friends now." "I find that I enjoy women from all walks of life now. I make friends easily again." Time and again, the participants and their families reported that the participants were like they were "in the old days." "I feel free, like I did in high school." "She's more like she was years ago." One made the point even clearer, "ROSE didn't change me, it freed me to be like I was before."

Improved Memory

"My memory has improved." "I remember names better." "I love crossword puzzles but I kept forgetting which word I was trying to find. Now I can handle two or three words at a time. It's fun again." Most older people buy into the idea that "I must be getting old, I can't remember well anymore." This is usually more a sign of lack of practice and/or memory skills than an inevitable

condition of getting older. As one family person said, "We sure don't hear that 'I'm getting old, I can't remember' like we used to - not even as a joke. In fact, if I forget something she is more likely to tell me I should practice my memory." For some the "loss of memory" was more a symptom of withdrawing from all parts of life. When interest was rekindled memory improved.

Improved Self Image

Possibly the hardest thing to document, but the characteristic that shows through all activities the most is the improved self image of the ROSE participants. Many feared the changes going on in them with the passing years. They assumed that there was nothing they could do about these changes - some gave up and disengaged. None of the participants could not be called disengaged. Activity, interest, feelings of self confidence, acceptance of new responsibility are all in evidence. Husbands, adult children, friends all comment on the change. One lady reported, "I was dull. I had no object in life, nothing particular to look forward to, didn't feel well - I was a rocking chair patient." Today this lady is a group leader taking the ROSE exercises to a nursing home based group near her home, is a member of the "patterning" team, has published a specialized cook-book, has started a babysitting business and is one of those "hard to catch at home" people.

There is no one part of the program that addresses the self image problem. The whole person, the whole program is involved. Feelings of good health, increased capacity to make friends, to perform the exercises, all contribute. "One day Mom called me at work - all excited and happy. It seems that she 'finally' learned to do a shoulder stand. She was 76 then. I can't do it now." Success breads success. Positive reinforcement of this improving self image comes when others react with surprise that an older person has accomplished something. "My ex co-workers are amazed to find I'm in a Yoga group at age

70. They think I'm great.

Fewer Feelings of DEPRESSION.

"Like other older people, I wasn't accepting my aging too well. I felt I wasn't productive enough. I was angry and groping about. Nothing I was doing was rewarding. I didn't have many talents anyway." That's where this participant started. Today she reports that she feels worth more now. She knows she isn't dumb and unproductive. She has given up smoking, is a volunteer in the "Pattening" team, more active, has more pep. Her son says that she is ast least 50 percent more active than before. Another relative reports "She laughs at her old depression about becoming old - she actually brags about her age now."

Other Effects

The feeling of being released "to be me" - to feel free for the first time in years was mentioned by several. One feared that her husband might object (he was delighted) but said she was going ahead and take charge of her life anyway. Several reported that their relationship with family members was better. Husbands and wives felt closer and more appreciative of each other. "My husband finds me a better companion. I was very dull. Now I have more appreciation of him because he seems to understand me now. I'm no longer the martyr in the family." Relationships with children are more equal and enjoyed by all. "She's fun to be around again." "When I play a game with her and win I feel it's a real victory - she's a tough competitor." "She contributes more to conversation." "She knows more about nutrition - she even helped me with a nutrition problem I had."

Finally, there was the person who had become almost a shut-in "because of a bad chronic cough" that the doctors couldn't control except with drugs which she refused to take. Shortly after joining the group the cough went away.

Why? Maybe the deep breathing helped, maybe she had a reason now to get out of the house and no longer needed an excuse to withdraw from the world. In any case, the cough left and her life became renewed - at at 76 she was learning to stand on her head.

Summary

This study focuses upon the most experienced group of participants in the ROSE program and their family members. All participants and their families report significant progress in some of the predicted areas: stress management, balance and physical condition, blood pressure, sleep, capacity to make friends, memory, self image and less depression. Many have made progress in most of these areas. Progress was noted, in most cases, after attendance at just one of the program sessions. In general, noticeable progress was reported within the first six months. Progress, albeit at a slower pace for some, has continued for the full two-year period.

Both family members and participants agree that the program has been beneficial. Considerably more evaluation data is available on this group and will be reported at a later date.